

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFOR	MATION	1000 max 2000	
Full name of committee (as on Statement of Organization)  Check if this is a new name		MALES OF STATE	The principal person and the
DALE SWELLING FOR CITY COUNCE		ations bearing the same	
2. Acronym or abbreviated name, if any	3. Committee tele	773-2880	
4. Mailing address (address where all campaign finance correspondence is received) Ch	eck if this is a new ad	idress	of AL PANCE: Enter Day of the colored school school
5. City, state, ZIP code NoBLESVILLE, IN 46060	6. Party affiliation	(if applicable)	STREAM AND LONGSTO
CANDIDATE INFORMATION (For Cand	lidate's Committe	es Only)	<b>特别的多数的特别的</b>
7. Full name of candidate (include any nickname)  DALLE E. SNELLING	8. Party affiliation	or if independent	o e-men fluit ent tentra PREST. d'Organización (Paret)
9. Office sought (Include district number, if any. Not required for exploratory committee.)  Nobles VILLE City Council Ware 3	10. County of resig		TEM 2 Enter the screek en
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:  Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and Outgoing Treasurer (within 10 days amend Statement of Organization)	d 20 must be "0")	Check one:  Pre-Conventio  Post-Conventio	miner marili erre such testre? A. M. H.
12. Reporting period: From: ARUL 21, 2003 Through: Octobac 17,	2003	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	Salvan, made	-0-	
14. Cash on hand and investments January 1, current year.			-6-
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions	ibutions.)		
15a. Itemized (use Schedule A) 15b. Ünitemized	embhreo etil eo	endeze elektroneti i	second But set supp 1767
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	NEWSCOTT OF THE REAL VIEW	deport base notations in the
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	-6-	- 0 -
(Note: These amounts include in-kind expenditures and loan repayments.)			
	the bolesting in a		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	odruzva na r		
17b. Unitemized			
17c. Add lines 17a and 17b in both columns	SUBTOTAL		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both co	umns) TOTAL	-0-	-0
19. Debts OWED BY the committee (use Schedule D)	MONE SELECTION	el yd Mguar geled salfa ei	
20. Debts OWED TO the committee (use Schedule E)	CHA CAMPS	To The	

CERTIFICATION

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and recipits totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
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nacy remains of a least \$1,000 suring the calendary year. "Alternay", "stantar", "angineer", WOT "consultant."	Other Receipts:	boligne to notice to contributes a countributes	acco off reinig office roll nodes sometime ment	CUPATION:
Contributor's Occupation (if required)				
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	Other Receipts:	PERROP: EN	SVITALIUE	UMN A AM ling period UWN B CU
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	Other Receipts:  Interest □ Loan  Misc (specify)			
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# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or pint legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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		Other Receipts:	YEAR-TO-E	MULATIVE	TOWN S CT
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	and or deposited in an account. For cash contributions, the amber, NOT, vian maked or deposited in an account. the contribution or the committee (IG 3 2-1-25).	Other Receipts:  Interest □ Loan □ Misc (specify)		the check on a received when the Enter the	orbullans are
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## (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INIX all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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		Other Receipts:  Interest I Loan  Misc (specify)			
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#### (CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this
schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM
17a of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and
other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200,
if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political
committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees)
MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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## (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question		PUBLIC QUESTION INFORMATION	one il accom		
Type of Question: Statewide Loc Position: Supported Opposed		the public question is statewide or loc			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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## (CFA-4 SCHEDULE D) Debts Owed by This Committee

	FILE NUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any (street, number, city, state, ZIP code)	AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDIN BALANCE THI PERIOD
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DEBTS	OWED	TO THIS	COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS( if eny) (street, number, city state, ZiP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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